

<b>Effective on 12/09/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		Application Number	10/559,859-Conf. #7420
		Filing Date	June 7, 2004
		First Named Inventor	Neil C. Bremner
		Examiner Name	Katy E. Meyer
		Art Unit	3727
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CAF-34802/03
TOTAL AMOUNT OF PAYMENT (\$)		80.00	

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Krass, Sprinkle, Anderson &amp; Citkowski,</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Design	300	150	500	250	200	100	
Plant	200	100	100	50	130	65	
Reissue	200	100	300	150	160	80	
Provisional	300	150	500	250	600	300	
	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Small Entity	Small Entity
Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	200	100
	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.	- 20 =	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.	- 3 =	x	=			

<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$) _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____ Petition for Extension of Time - 1 Month _____ \$60.00	

<b>SUBMITTED BY</b>			
Signature	/Ronald W. Citkowski/	Registration No. (Attorney/Agent)	31,005
Name (Print/Type)	Ronald W. Citkowski	Telephone	(248) 647-6000
		Date	October 1, 2007